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CONFIRMATION NO. 4080

<b>SERIAL NUMBER</b> 10/627,968	<b>FILING OR 371(c) DATE</b> 07/28/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 03128CIP
<b>APPLICANTS</b> Michael Porat, Tel Aviv, ISRAEL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 07/978,671 11/07/1994 PAT 6,624,198 which is a 371 of PCT/US93/00826 02/05/1993				
<b>** FOREIGN APPLICATIONS *****</b> ISRAEL 100881 02/06/1992				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> <b>** SMALL ENTITY **</b> 10/23/2003				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 15  <b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 23338				
<b>TITLE</b> AIDS prophylactic lubricating composition				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper. No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	